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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 3683

<b>SERIAL NUMBER</b> 09/834,647	<b>FILING DATE</b> 04/16/2001 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2181	<b>ATTORNEY DOCKET NO.</b> 95-393	
<b>APPLICANTS</b> Stephen Mc Robert, Sunnyvale, CA; Jeffrey Dwork, San Jose, CA; Robert Alan Williams, Cupertino, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/07/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 20736					
<b>TITLE</b> Arrangement for reducing power in a networking device configured for operating at selected network speeds					
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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## APPLICANTS

Stephen Mc Robert, Sunnyvale, CA;

Jeffrey Dwork, San Jose, CA;

Robert Alan Williams, Cupertino, CA;

\*\* CONTINUING DATA \*\*\*\*\*

None MS

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None MS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/07/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>MS</i>				

## ADDRESS

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2000 M STREET NW SUITE 700  
WASHINGTON, DC  
20036-3307

## TITLE

Arrangement for reducing power in a networking device configured for operating at selected network speeds

FILING FEE  RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit